

Name
in
Full

CERTIFICATE OF DEATH

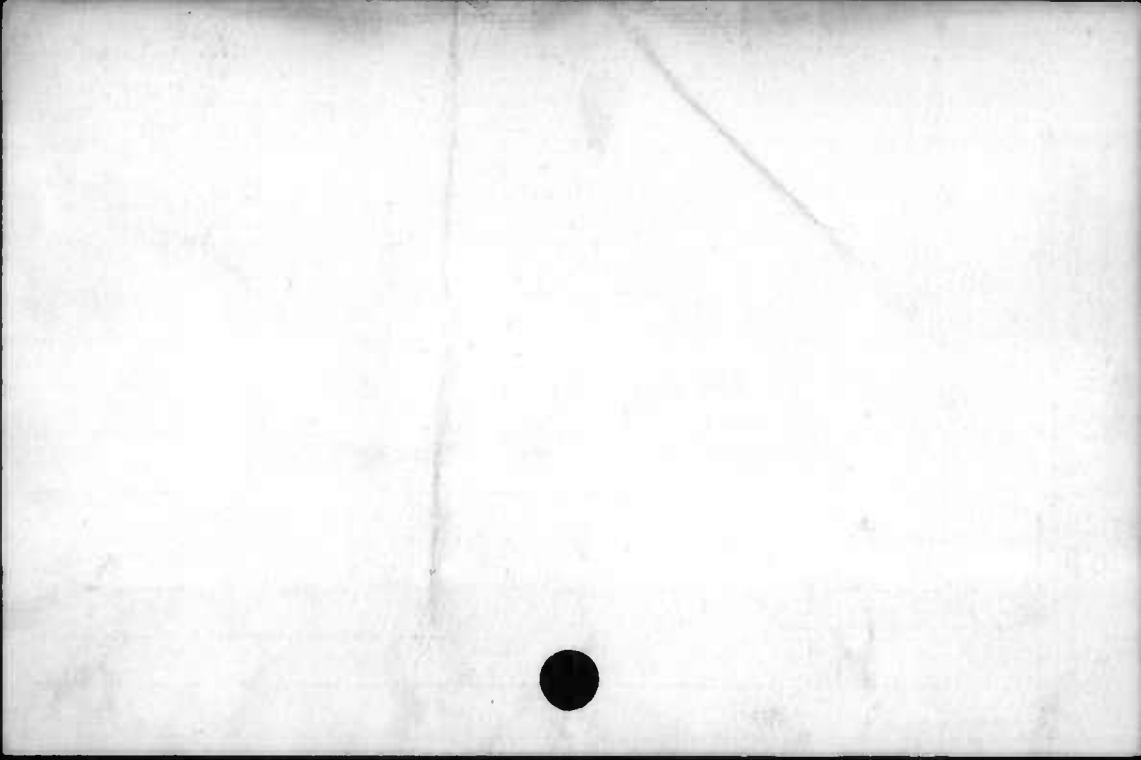
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John H. Fearer</i>		Town <i>Friendsville</i>		County <i>Garrett</i>		MARYLAND	
Died at		Month <i>January</i>		Day <i>13th</i>		Years <i>65</i>	
Date of death 1905		Age <i>65</i>		Months <i>4</i>		Days <i>15</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed		Occupation <i>Merchant</i>					
Name of Wife or Husband <i>Elizabeth Shiner</i>							
Father's Name <i>Joseph Fearer</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Milton Long</i>		How related to deceased <i>Son in law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cataract / Stomache</i>	How long <i>3 mo</i>
Immediate <i>Ulcer " "</i>	How long <i>3 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. Mason</i>
	Address <i>Friendsville</i>
	<i>Ind</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Jane Elizabeth George

Town

County

Died at *Deer Park**Garrett*

MARYLAND

Date 1903- *Jan, 31* | Age *82-7-10* | Native of *England* | Occupation *housewife*
 Male ☒ Female ☒ | White ☒ Colored ☐ | Married ☒ Single ☐ | Widowed ☒ | Divorced ☐ | Number of children living *four*

Husband of *William C. George*
 Wife of *Thomas C. Gamson*
 Father's Name *Thomas C. Gamson* | Mother's Name *Jane Gamson*

Cause of Death { Primary *Senility & Asthma* | Immediate *loss of respiration* }
 How long sick *fifteen yrs.*
 Accident, Suicide, Homicide ☒

Reported by *George L. Linniger M.D.*
 Address *Deer Park Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Nancy Glover

X

CERTIFICATE OF DEATH

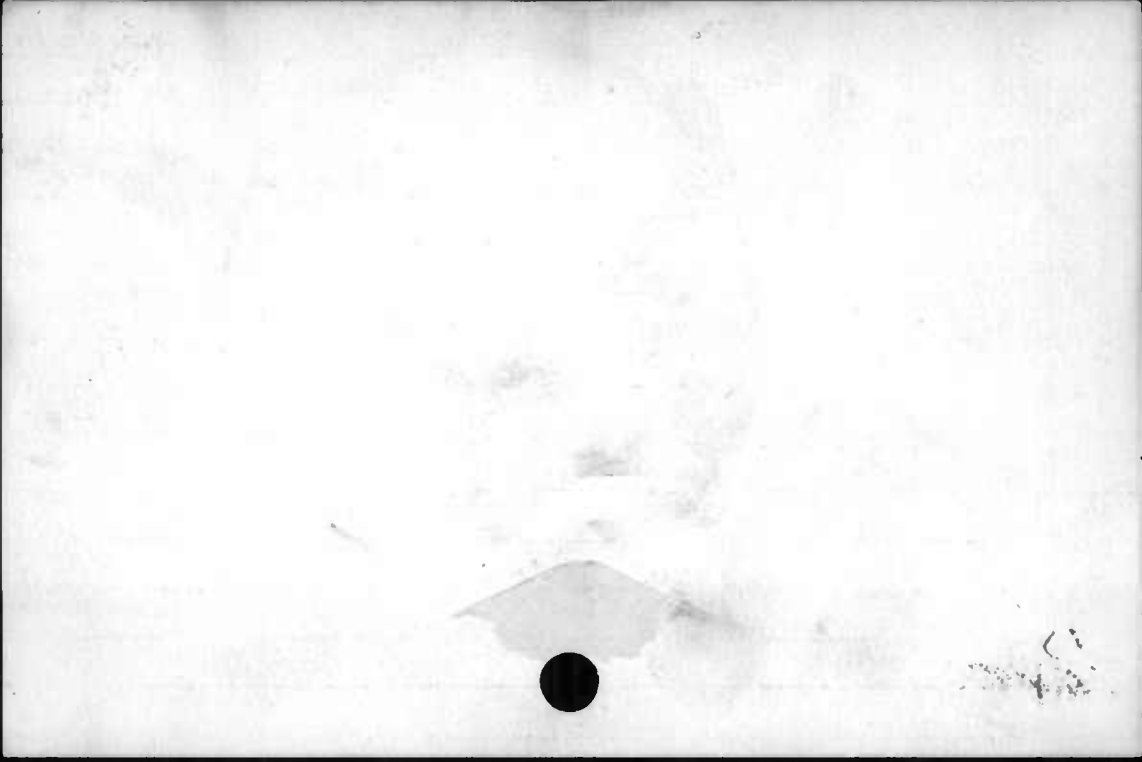
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Friendsville</i>		Town <i>Friendsville</i>		County <i>Garrett</i>		MARYLAND	
Date of death 1905	Month <i>Jan</i>	Day <i>27</i>	Age <i>66</i>	Years <i>11</i>	Months <i>5</i>	Days <i>5</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Widowed</i>			Occupation <i>lived with her children</i>				
Name of Wife or Husband							
Father's Name <i>Isaac Umble</i>				Father's Birthplace <i>Pa.</i>			
Mother's Maiden Name <i>Catharine Myers</i>				Mother's Birthplace <i>Pa.</i>			
Name of person giving information <i>Alice Smith</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>93</i>
Immediate <i>Pneumonia</i>	How long <i>11 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. R. Dayer M.D.</i>
	Address <i>Resident Md.</i>
Accident or Suicide?	



Ivy Pearl Gnegy X
 Town County
 Died at *Laurea* *Garret* MARYLAND
 Month Day Y. M. D. Native of Occupation

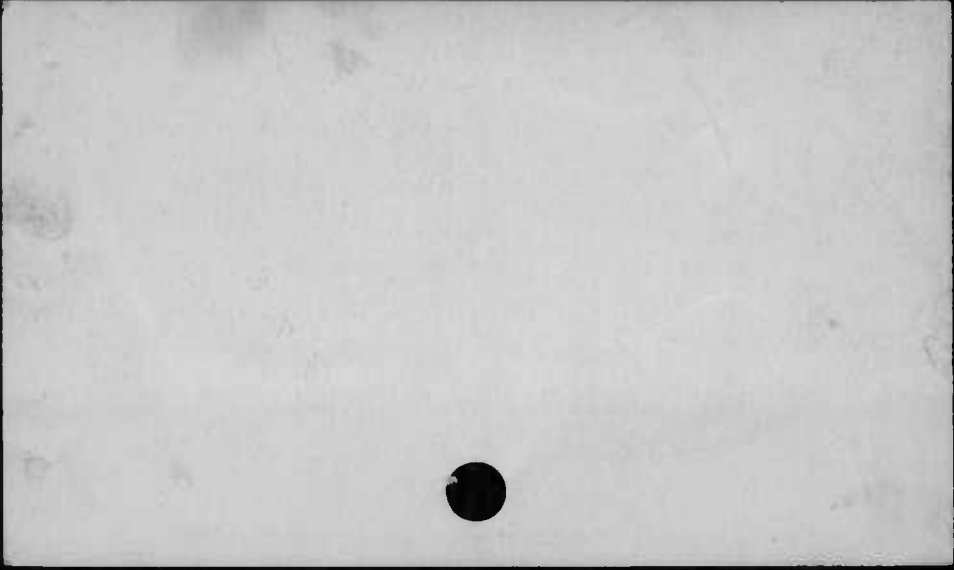
Date 19*05* *January* Age *6 1 6 113* *America*
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of
 Wife
 Father's Name *David Gnegy* Mother's Maiden Name *Clara Hauser*

Cause of Death { Primary *Tubercular Meningitis* How long sick *several days*
 Immediate *0 25* *28* ~~Accident, Suicide, Homicide~~

Reported by *J. Gilbert Selby*
 Address *Glenn Va*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Simon W. Green

CERTIFICATE OF DEATH

Died at *Detmold Farm* TownCounty *Garrett*

MARYLAND

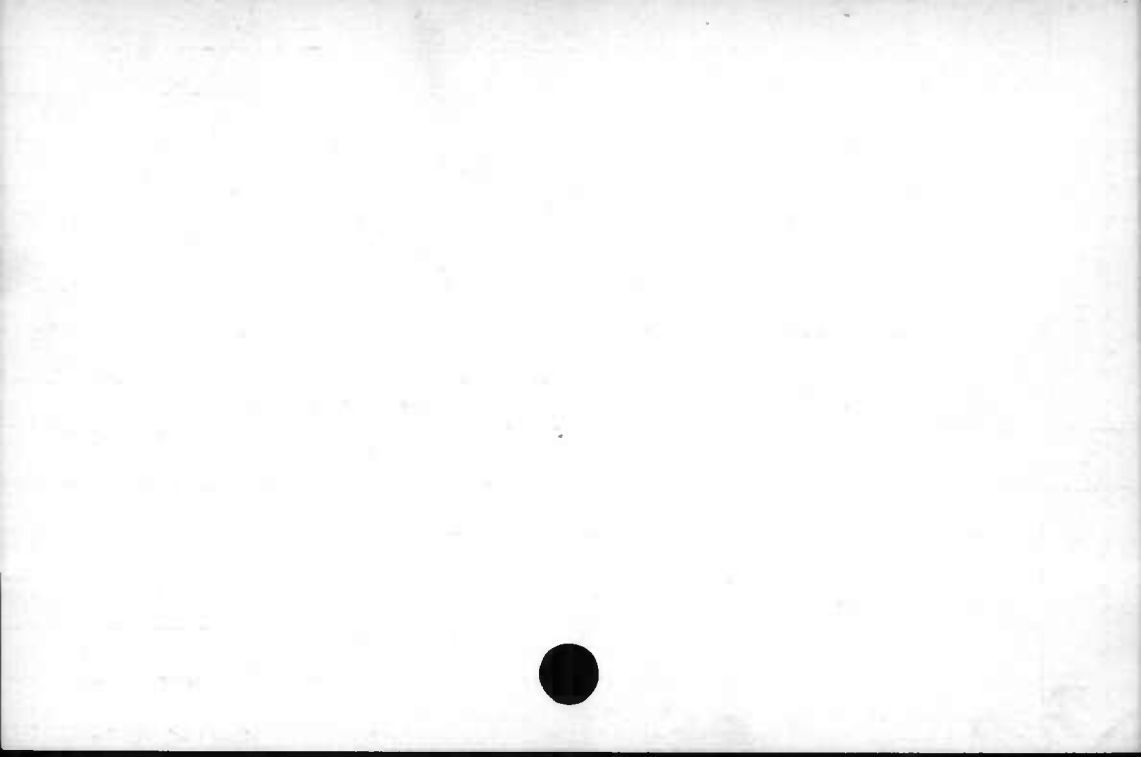
Date of death *1905 Jan*Day *29*Age *74*Months *10*Days *26*Sex *Male*Color or
Race *White*Birthplace *S Laurel Run*Occupation *Farmer*Where Residing if not
at place of deathMarried, ~~Single~~
or ~~Widowed~~Name of Wife or
Husband *Eliza Ellen Broadwater*Father's
Name *Adam Green*Father's
Birthplace *near Barton*Mother's
Maiden Name *Eliza Th Miller*Mother's
Birthplace *near Barton*Name of person giving
In formation *Benjamin Green*How related
to deceased *Son*

CAUSES OF DEATH

Primary *Bright's disease*How long *6 months*Immediate *Uremia*How long *2 months*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *James O. Bullock*Address *Lonaconing -*
Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Norman Jacobs



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Oak ^{Town} Spring

County Garrett

Date of death 1905 Jan 26 Age 82 Months 4 Days 27

Sex Male Color or Race White Birthplace Oak Springs

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Charlotte Shaw (deceased)

Father's Name Mathias Jacobs Father's Birthplace Don't know

Mother's Maiden Name Margaret Potter Mother's Birthplace Potter farm

Name of person giving information Wm. H. Jacobs How related to deceased Son

CAUSES OF DEATH

Primary Old age

How long

Immediate Catarrh of the Stomach

How long 2 months

Are the name, age, sex, color, date and place correctly given above?

yes

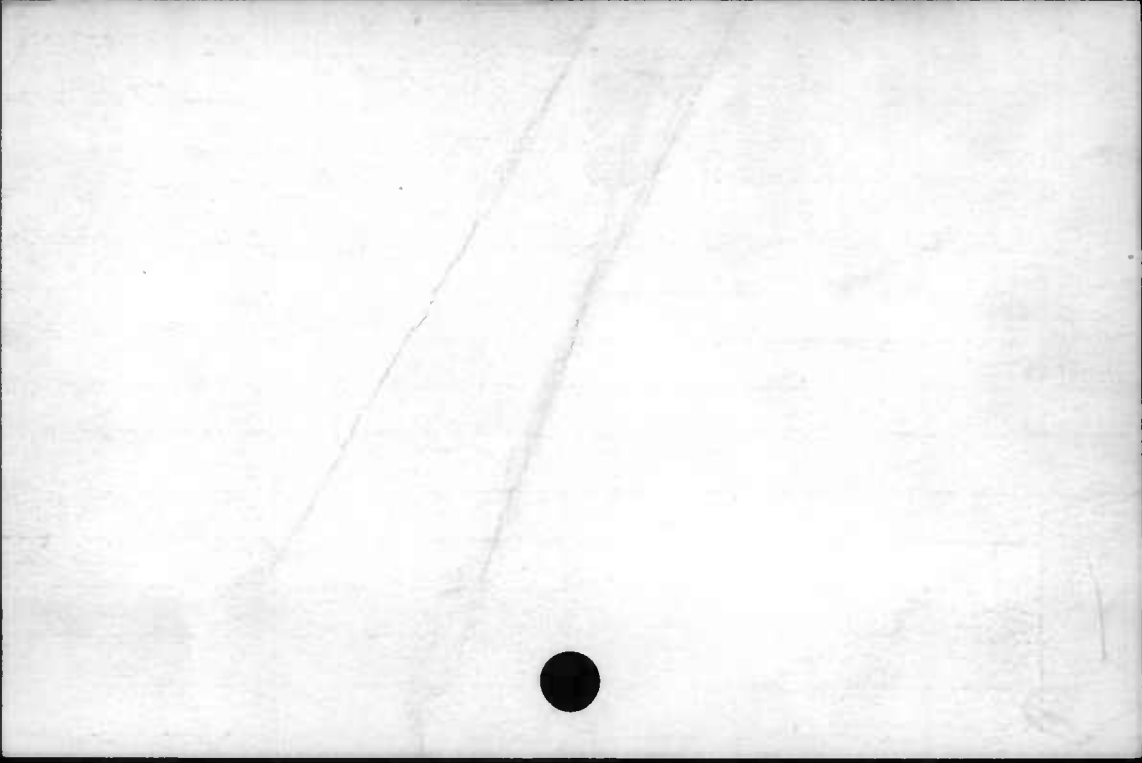
Signature of Physician

Address

James O. Bullock
Somersville, N.C.

Accident or Suicide?

no



TO BE ANSWERED BY
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PHYSICIAN
OR CORONER

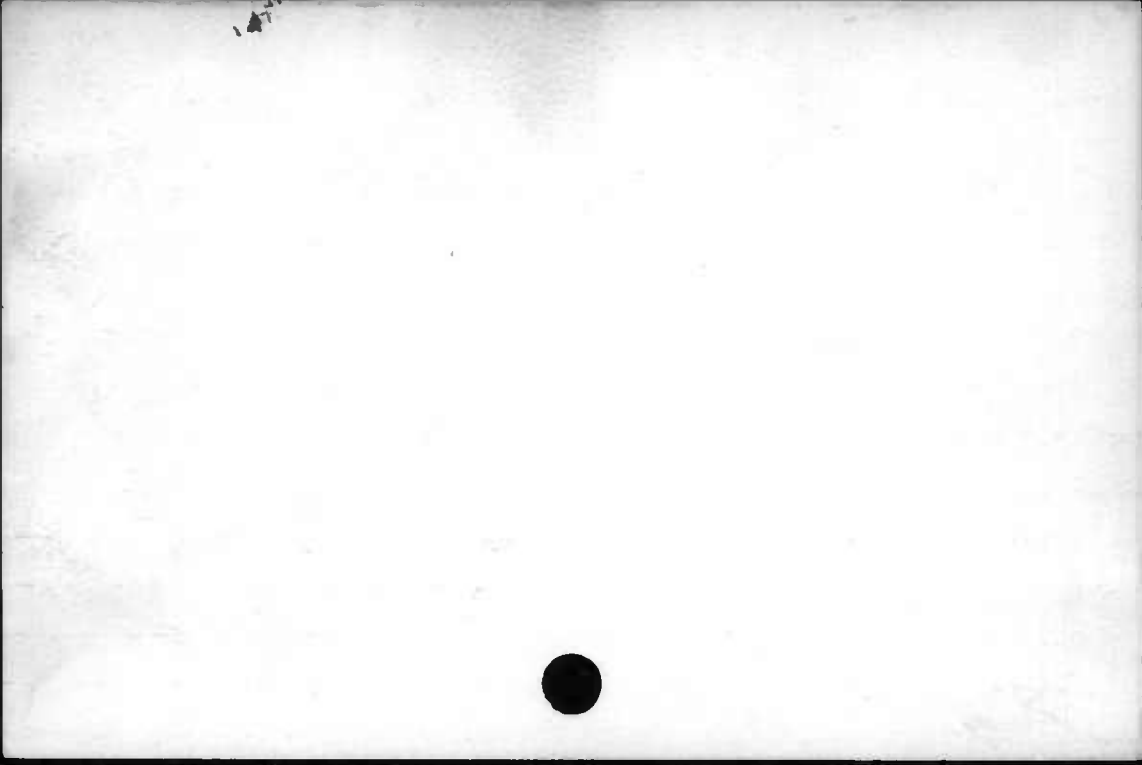
MARYLAND

Name of person giving information	Christina Brown	How related to deceased
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CAUSES OF DEATH

Address _____

Accident or Suicide?



Guy A. Lewis

Town

County

Died at

MARYLAND

Date 1905

Month Day

Age

Y. M. D.

Native of

Occupation

Jan 26

1. 2.

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Philip Lewis

Mother's

Maiden Name

Whitehair

Cause of

Primary

Pneumonia

How long sick

About week

Death

Immediate

93

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

J. L. Simpson *X*
Died at *Wm. Lake Park* *Garrett* County
Date of death *1905* *Jan* *15* Age *15* Months *0* Days *0*
Sex *Male* Color or Race *White* Birth-place *Louis Mo*
Occupation *Rail Roadman* Where Residing If not at place of death *Louis Mo*
Married, Single or Widowed *Louis Mo* Name of Wife or Husband *Louis Mo*
Father's Name *" "* Father's Birthplace *" "*
Mother's Maiden Name *" "* Mother's Birthplace *" "*
Name of person giving information *Austin Brown* How related to deceased *" "*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

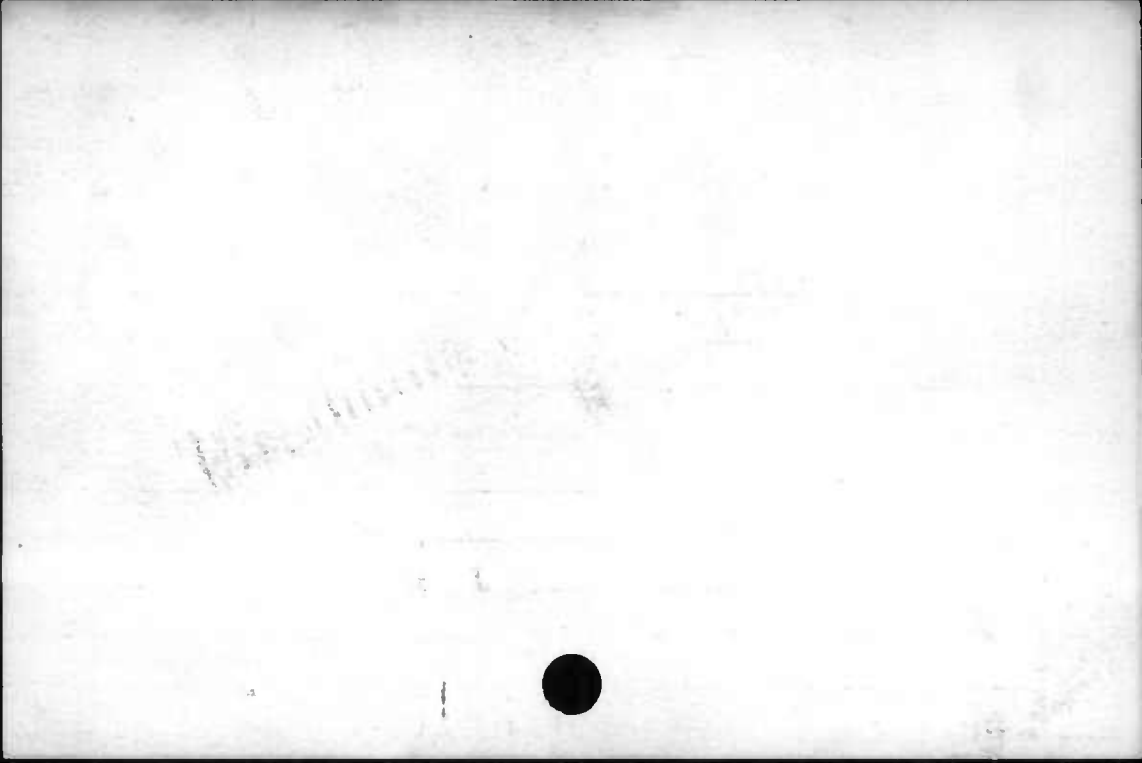
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name in Full

Certificate of Death

X

Name in Full *Wm. Silas Young*
 Died at *Waver Park* Town *Garretts* County *MARYLAND*
 Date 19 *05* Month *Jan.* Day *7th* Age *70* Y. *W. Va.* M. *House-Wife* D. *House-Wife*
 Sex *Female* Race *White* Marital Status *Widow* ~~Married~~ ~~Single~~ ~~Widower~~ ~~Divorced~~ Number of children living *0*

Husband of *Silas Young*
 Wife's Name *Silas Young* Mother's Maiden Name *Silas Young*

Cause of Death { Primary *Senility* Immediate *Heart Failure* }
 How long sick *154* *4 days*
 Accident, Suicide, Homicide

Reported by *George L. Lumminger M.D.*
 Address *Waver Park*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

